10/806885

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 P 1596-76												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT (Column 1) (Column 2) TYPE OR SMALL ENT												
T	OTAL CLAIM	S	16					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	€ 385.00	ОЯ	BASIC FEI	770.00
TOTAL CHARGEABLE CLAIMS			16.	16 minus 20=		•		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2	2_minus 3 =		•		X43=	1	OR	X86=	
MI	JLTIPLE DEPE	NDENT CLAIM	RESENT					+145=		1		
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	-	OR		7:70
CLAIMS AS AMENDED - PART II												
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR		ENTITY.
AMENDMENT A	6/26/66	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	-2	1	•		X\$ 9=		OR	X\$18=	
	Independent	• /	Minus	1-13		-/		X43=		OR	X86=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145*		OR	+290=	X
								TOTAL			TOTAL	/->
		(Column 1)		(Colum		(Column 3)	A	ODIT. FEE	L	JOA.	ADDIT. FEE	
NI W		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	- 2	0.	• —		X\$ 9=		OR	X\$18=	
- 1	Independent	• /	Minus	3		=	Ī	X43=		OR	X86≈	
	FIRST PRESE	NTATION OF ME	JETIPLE DI	EPENDENT	CLAIM			+145=	·	OR	+290=	
								TOTAL		ne l	TOTAL	
(Calumn 1) (Column 2) (Column 3)								DOIT. FEE		, ,	ADDIT. FEEI	
5 L		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ST R ISLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			= .		X\$ 9=		ОЯ	X\$18=	
	independent	•	Minus	<i>-</i>		•	1	X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +145= OR +290=												
H	the "Highest Nu	mber Previously Pa mber Previously Pa	ld For IN TH	(IS SPACE & ! (IS SPACE is !	ess that ess that	1 20, enter "20." 1 3. enter "3."	-	IDIT. FEE		•	OOM. FEE	
T	he "Highest Nur	ber Previously Paid	For (Total	or Independen	t) is the	highest number	loun	d in the app	oropriate box	in cot	ມໝາ 1.	

FORM PTO-875 (Rev. 1003)

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